

Applying for Nursing Home Medicaid/Home and Community Based Waiver Benefits Commonly Requested Documents

This is a list of the most commonly requested documents needed to determine financial eligibility. Each case is different and additional verification may be required during the application process. Please send photocopies of all items that apply to you and your spouse (if you are currently married or separated).

1. Verification of the gross monthly income (before anything is taken out) from all sources, including but not limited to, Social Security benefits, railroad retirement benefits, Veterans Administration (VA) benefits, civil service, private pensions, wages/earned income, rental income, any other income, even if it is received less often than monthly (royalties, timber sales, etc).
2. Bank statements going back as much as five years (even if they are closed) that have the claimant's and/or spouse's name on them. (A claimant is the person who is applying for Medicaid.) First of month bank balances that exceed \$2,000.00 will require copies of cancelled/imaged checks.
NOTE: It would be helpful to establish checking accounts that give you imaged checks because you will have to verify how funds were spent during the "look back period."
3. Social Security and Medicare card.
4. Letters of Guardianship, Conservatorship and/or Power of Attorney.
5. Trusts, mortgages, loans, and promissory notes that indicate the account balance.
6. Wills – If the claimant is a widow or widower, a copy of the "probated will" for the deceased spouse will be needed. If the claimant inherited property per the "probated will" of someone other than the deceased spouse, a copy of that "probated will" will be needed.
7. Prepaid/pre-need/prearranged burial contracts with an itemized list of charges for the burial items for the claimant and the living spouse. Will also need verification of the owner of the burial plots (if applicable).
8. All insurance policies including: life, burial, vault, casket, and cash policies; nursing home or long term care policies; Medicare supplement, Medicare Part D RX cards, hospital, cancer, etc. [Verification of the policy premium amount, frequency of payment, and who pays the premium (copy of imaged/cancelled check or bank statement indicating automatic bank draft) is also needed.]
8. Tag receipts and/or title papers on all automobiles, mobile homes, boats, and recreational vehicles owned by the claimant/spouse at the time of application and during the "look back period."
9. Deeds on all property in which the claimant/spouse currently have any ownership interest (fee simple, life estate, mineral rights, timber rights, remainder) or has had in the last 60 months prior to the month in which application for benefits is made and heir property (property that is inherited). Medicaid must have the acquisition deed and any transfer deeds (Quit claim deed, warranty deed).
10. Current statements for all stocks, bonds, mutual funds, IRA's, 401-Ks, CD's, and savings bonds.
11. If the claimant has been divorced, a copy of the divorce document will be needed.

Important facts:

- The “look back period” is the period of time that Medicaid can look back to see how resources or assets were spent and this information along with other information is used to determine if an individual is eligible for Medicaid benefits. Currently the “look back period” is 36 months and it starts the month prior to the month in which an application is made for benefits.
- NOTE: The “look back period” will increase in monthly increments beginning in February 2009 until it reaches 60 months in February 2011. For example, the “look back period” for an application received in March 2009 will be February 2006 through March 2009 or 37 months. Application received in April 2009 the “look back period” will be February 2006 through April 2009 or 38 months.
- The “look back period” for trusts and annuities is 5 years prior to the month in which an application is made for benefits.
- If you transfer or give away assets during the “look back period” a transfer penalty may be applied which results in a period of ineligibility for nursing home payment. The transfer penalty starts the month the applicant is receiving care in the institutional setting and would be eligible for Medicaid except of the application of the penalty period. The length of the penalty period will depend on the date of the transfer, the amount transferred, and the current nursing home rate.
- Additional information on Medicaid eligibility policy can be found at www.medicaid.alabama.gov, click on “Resources” then “Administrative Code,” and go to “Chapter 25.”
- For other requirements needed when applying for Nursing Home Medicaid, see the “Elderly and Disabled Programs” handout which can be found at www.medicaid.alabama.gov, click on “Apply for Medicaid” then “Qualifying for Medicaid,” and go to “Medicaid for the Elderly and Disabled - Brochure.”